

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS  
DIVISION OF PERSONNEL

## HARASSMENT (ALL FORMS), DISCRIMINATION OR RETALIATION REPORT FORM

The Government of the Virgin Islands desires a work environment free of all forms of prohibited discrimination, including sexual harassment and retaliation. Discrimination, sexual harassment and retaliation are specifically prohibited as unlawful and constitute a violation of GVI policy. GVI is committed to efforts for preventing discrimination and sexual harassment in the workplace, for taking immediate corrective action to stop discrimination and all forms of harassment in the workplace, and for promptly investigating any allegation of work related discrimination and harassment.

COMPLAINANT: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Name of person you believe harassed you/discriminated against you: \_\_\_\_\_

Did you address your concern with the person(s) you are accusing of harassment/discrimination/retaliation? Yes ☐ No ☐

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as: What force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary).

This complaint is filed based on my honest belief that \_\_\_\_\_ has discriminated against me or sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Complainant Signature)\_\_\_\_\_  
(Date)**This section is to be completed by the agency representative receiving the complaint.**

RECEIVED BY:

\_\_\_\_\_  
(Name & Position Title)\_\_\_\_\_  
(Date)